FORM 1

Biosolids Land Application Local Monitoring Expenses

REIMBURSEMENT INVOICE

Page 1 of 1

	DEQ USE ONLY		
Claim No; Zolo	Activity Dates:		
County:	Date Rec'd:		
Evaluator: 1.7.	Permit No:	Approval Amount:	

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

instructions on how to complete the form.				
I. Claimant Information				
A. Name of Local Government Official: TRACU MBee	B. County:	wenb	119	
C. Claimant Mailing Address:	D. City, State		/	E. Zip Code
11409 Courthouse Rd	Lunen	burg	Va	23952
F. Claimant Telephone No. G. Claimant Fax No.		H. Local Mor	and the second	
(434)696-2142 ()		MANUE,	1 Toom 6	5
	Person Telephone No.) <i>392-725</i> ぎ		ontact Person Fa チー) ^男 号2	
II. Monitoring Activity Information (Attach additional separate sh	eets if necessary)			
A. DEQ Permit No. and Site Identification	B. Farm(er) and Site	Location		· · · · · · · · · · · · · · · · · · ·
C. Type of Monitoring Activity and Dates 8-0/ Thru 8-	31-2010	D. Reimburs:	able Time and C	harges
Record Keeping				0.50=41.00
E. Sampling and Testing Information	F. Name and location		G. Total Lab	
	M. 1. 7. 2. 1. 1. 1.			
III. Multiple Owner Information (For Local Monitor employed by	multiple jurisdictions)			
Are the expenses listed above part of a multiple owner payment submission	1?			
Yes No			آلياليا	X.
If you answered "Yes" to the above question, you are required to subr	mit this invoice with the mult	tiple owner payn	nent Form 2.	% \
		-/-/		<u> </u>
IV. Responsible Official Statement (Please sign name): Man	earl H Strong	404 .	***	
A. Were the listed expenses incurred during the dates included in Part I	I.C of this form?		:P 10 2010	72
Yes No		1.0		£21
If you answered "No", please attach the necessary documenta	tion to evoluin the discrena	ncy \		έ7
	tion to explain the discrepa	incy.		
V. Statement Of Costs		\sim		<u> </u>
A. Are all expenses listed in this invoice complete at the date of this invo	oice? C. Total costs	s claimed for rein	nbursement in th	is Invoice
Yes No	***************************************			
B. Will additional reimbursement costs incurred for monitoring activition	ies at the		na sa	
site(s) listed above be submitted?	\$	564	<u>., 4 3</u>	
Yes X No		august)	
VI. County Administrator Certification (Please print name):				
The following signature attests that the monitoring	activities for which	ch reimburs	ement is so	nught have heen
performed in accordance with the provisions of the				
Permits and Certificates regulation (9 VAC 25-20):	•	`	,	
DAR. MUL.		9-1-10	ገ	
County Administrator	***************************************	9 7 7 7 C	·····	
Manuel A Mondas .	a.	-/-2/1		
- LE SUTTE CONTRACTOR OF THE C			- 	
Local Monitor		Da	ite	

Biosolids Land Application Local Monitoring Activity Details

Maximum Rate is \$0.55/mile	\$0.50	Mileage Rate per mile:
***************************************	\$24.00	Staff Labor per hour:
mbs	Manuel Toombs	County Monitor:
	Lunenburg	County:

Enter data in YELLOW cells

BLUE cells compute automatically

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

	\$199.43	\$41.00	\$120.00	,,,		82.0	5.0	-	SUBIDIAL
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Internet Service			\$0.00						
Prepare Monthly Report (August)			\$12.00			5	0.5	*	8/31/2010
			\$0.00						
Monthly Report Signed (July)			\$48.00			62.0	20	×	8/25/2010
Prepare Monthly Report (July)			\$12.00				0.5	>	8/24/2010
Blackstone Research Center	30		\$48.00			20.0	2.0		01023118
DESCRIPTION	Expense		Subtotal	Number	Site identification	3	Tour		Care
	,	*****	Labor	Permit	and the same and	-		ACCUVILY.	J
	1	- W. T.						I Activity	

TOTAL \$360.43